



Application for Financial Assistance

It is our desire that financial barriers would not prevent anyone from attending a camp or retreat at Ironwood Springs. In order to ensure that as many applicants as possible can benefit from our financial aid program, we ask that you first seek assistance from other sources such as churches, social services, and close family and friends. Awards for financial assistance are needs-based and also take into consideration extenuating circumstances. Funds are limited and are intended for the registration cost only. Additional options such as horsemanship may be available on a very limited basis. Add-on items such as camp store money will not be covered. Payment plans are available.

Unless otherwise determined, a minimum nonrefundable payment of \$25.00 will be required for each registration.

Process to request financial assistance:

1. Applicant seeks aid from other sources such as churches, social services and family/friends.
2. Applicant submits registration and application for financial assistance at least **two weeks*** before the camp start date. The application for financial assistance is available during the online registration process. If submitting a paper registration form, a paper application for financial assistance must be enclosed.
*Applications for Journey Youth Summer Camps must be submitted at least **one month** before the camp start date.
3. Applicant is notified of award amount via email or phone within seven business days of request.
4. If financial assistance is granted, the award amount will be applied to the registration cost.
5. Applicant must submit payment for remaining amount or sign up for a payment plan within **two weeks** of award notice, but no less than one week before the camp start date. If no payment action is taken in this time frame, registration will be forfeited.



Application for Financial Assistance

Date of Application: ___/___/_____

Primary Contact Name: _____

Camp or Retreat Name: _____ Start Date: ___/___/_____

Attendee Name(s): _____

Please share a brief description of any extenuating circumstances regarding your request for financial assistance:

Number of people in household: _____

Annual household income: \$ _____

*We suggest using parent/guardian adjusted gross income from prior year's federal income taxes, either from joint form if married and filing joint or combined income from multiple parent individual returns.

Financial assistance checklist:

___ I have contacted my church to request financial assistance.

Name of church: _____ Amount provided by church: \$ _____

___ I have contacted my county's social services agency to request financial assistance.

Agency name: _____ Amount provided by agency: \$ _____

___ I have contacted close family members and friends to request financial assistance.

Amount provided by others: \$ _____

Please enclose this application with a completed registration form.